MaineCare Managed Care Stakeholder Advisory Committee (SAC) Meeting Minutes

September 17, 2010, State House HHS Hearing Room 209

This meeting was a live broadcast over the internet through Maine's legislative channels. The audio link is found at: http://www.maine.gov/legis/audio/health_cmte.html

More detailed information on these areas of discussion can be found in committee meeting materials at: http://maine.gov/dhhs/oms/mgd_care/mgd_care_index.html

SAC Attendees

Brianne Masselli (Youth Move), Carol Carothers (National Alliance on Mental Illness), Tina Grant (G.E.A.R. Parent Network), Connie Garber (York County CAP Transportation), Dale Hamilton (ME Association of Mental Health Services), Elaine Ecker (Consumer Council System of ME), Eric Haram (ME Association of Substance Abuse Providers), Frank McGinty (MaineHealth), Bev Baker (ME Parent Federation), John Bastey (ME Dental Association), Julia Bell (Maine Developmental Disabilities Council), Dick Brown (Acquired Brain Injury Advisory Council), Kevin Lewis (Maine Primary Care Association), Kimberly Burrows (Youth Leadership Advisory Team), Kim Moody (Disability Rights Center of Maine), Lynda Mazzola (Maine Autism Society), Muriel Littlefield (Dept. of Health and Human Services), John Hennessy (American Association of Retired Persons -AARP), Richard Chaucer (MaineCare Member Representative), Rick Erb (Maine Health Care Association), Rose Strout (MaineCare Member and Homeless Voices for Justice), Ted Rooney (Quality Counts)

Public Attendees

Leo Delicata (Legal Services for the Elderly), Judiann Smith (Spurwink), Greg Wallace (Amerigroup), Mark Holbrook, Ph.D. (NOE), Mark Dent (Amerigroup), Mike Mahoney (Federle Mahoney), Shannon Heath (Muskie-YLAT), Megan Hannan (Planned Parenthood), Pam Perry (Amerigroup), Douglas Carr (Perkins-Thompson)

Project Staff

Stefanie Nadeau (DHHS, MaineCare Services), Sarah Stewart (DHHS, MaineCare Services), Shannon Martin (DHHS, MaineCare Services), Paul Saucier (USM Muskie), Nadine Edris (USM Muskie), Katie Rosingana (USM Muskie), Julie Fralich (USM Muskie), Marianne Ringle (USM Muskie), Linda Kinney (USM Muskie)

Updates

- SAC meeting notes from July 15,2010- reviewed and approved
- Reminder to use *People First* language

- MeHAF grant
    - Muskie School will provide a written report about the four member listening sessions that are underway and will present the report at a future meeting
- There is an RFP open (through MeHaf) to help fund programs to support ACO organizations in Maine.
    - DHHS and Muskie submitted a proposal to assist rural Maine providers to develop the capacity to act as ACOs and interact with managed care
- Other states' experiences with managed care
    - Work is being done (through support of the Casey Family Foundation) with Kathy Penkert who has national experience with managed care for children in state custody and children with behavioral health needs
- DMC meeting summary from September 2, 2010
- SSC meeting summary and recommendations from September 13, 2010 were presented by Rose Strout
    - Children with special needs should be in phase II as they may be hard to identify
    - If we could split up services (ex: behavioral health services from medical services) then children with special needs should be voluntary in phase I, if not they should be excluded
    - Duals should not be included as they are potentially in a home-grown managed care system already and issues may arise
    - Older adults should not be in phase I as more time is needed to segment the eligibility groups for enrollment
- MSC meeting summary and recommendations from September 17, 2010 were presented by Richard Chaucer and Rose Strout
    - Discuss issue of homelessness - How do we make sure they are thought about when they could be under any eligibility category? How do we identify them? There may be additional barriers to quality healthcare. They cannot get services without an address or way to get mail, have to be in a shelter to get emergency housing, transportation and other resources.
    - Services still need to be available regardless of what phase a member is required to enroll in (have available as fee for service)
    - Do we have time to get managed care issues worked out in time for the Phase I on January 2012?

Overview

The Stakeholders Advisory Committee (SAC) meeting included an overview of Managed Care 101 including the background information and federal rules:

- Medicaid Managed Care Basics PowerPoint Presentation
    - Risk-based contracting
    - Managed Care compared to existing MaineCare approaches
    - What would / wouldn't change for MaineCare members

    - CMS requirements for states participating in Managed Care
        - Choice of plan
        - Quality Management Program, EQRO, and grievance process
        - Services offered to members
        - Actuarial sound capitation payments
- Federal Rules for Medicaid Managed Care
    - Two ways to gain federal approval
        - State plan amendment (changing the states contract with CMS)
        - Waiver request (asking for an exception from federal rules)- standard Managed Care Waiver or demonstration waivers
    - Members who are excluded from mandatory managed care enrollment and require a waiver
        - Duals (dually eligible for Medicaid and Medicare)
        - American Indians
        - Children with special needs- children who could be in an institution (Katie Beckett), Foster care/adoption assistance, Blind/disabled (SSI), and children getting services for special needs from Maine CDC

        *There may be more children with special needs in other groups that require special protection if in managed care

    - Choice of provider is usually two but can be only one in rural areas
    - Services can be enhanced but not downsized with Managed care

Presentation to the Design Management Committee by Kathy Penkert

- PowerPoint that was presented at the DMC meeting was given to committee members to read and consider
- Children in the child welfare system and children with behavioral health needs in Medicaid managed care

Populations and Services

- Proposed phases of enrollment by eligibility group
- Mandatory/voluntary/excluded enrollment proposals
- Eligibility groups that are mandatory/voluntary/excluded in PCCM as a reference point
- Required authority for mandatory inclusion
- Potential overlap with specialized services populations
- Total expenditure by managed care eligibility groups data
- Committee members' goals and concerns

Committee flow and organization

(Key: SSC = Specialized Services Committee, SAC = Stakeholder Advisory Committee, MSC = Member Standing Committee, DMC = Design Management Committee, EMT = Executive Management Committee)

- Committee flow chart
- MSC and SSC representatives will present discussion points/recommendations to the SAC
    - Two MSC members have been elected to join the SAC and serve as liaisons between the MSC and the SAC
    - SSC has selected a member to present recommendations to the SAC
- SAC representatives will present discussion points/recommendations from the MSC, SSC, and SAC to the DMC
    - Three SAC members have volunteered to be representatives
    - SAC will not elect co-chairs for the committee due to potential bidding conflict
- DMC will make recommendations to the DHHS EMT and bring discussion back to the SAC
- EMT will make final decisions
- Agenda items for the SAC, SSC, MSC, and DMC will be the same to start but discussions should go in different directions and the expectations of what we hope to get out of the meetings will be different
- Information and recommendations will flow back and forth between committees and workgroups
- All SAC and SSC meetings are open to the public
    - SSC members should also talk with co-workers that may be on the SAC to represent their concerns/issues

Scheduled meetings

- MSC future meetings
    - October 15, 2010 9:30-12:30 pm
    - November 19, 2010 9:30-12:30 pm
    - December 17, 2010 9:30-12:30 pm
        - MSC members decided to extend the meeting times an hour in order to get the work done in the timeframe allowed
- SSC future meetings all held in the State House Taxation Room 127:
    - October 12, 2010 1-4 pm
    - November 15, 2010 1-4 pm
    - December 13, 2010 1-4 pm

The SSC meeting is broadcast on the web via audio link:
http://www.maine.gov/legis/audio/taxation_cmte.html

- SAC future meetings all held in the State House HHS Room 209 :
    - October 15, 2010 1-4 pm
    - November 19, 2010 1-4 pm
    - December 17, 2010 1-4 pm

The SAC meeting is broadcast on the web via audio link:
http://www.maine.gov/legis/audio/health_cmte.html

- DMC future meetings
    - October 1, 2010 9-2 pm
    - October 22, 2010 9-12 pm
    - November 5, 2010 9-12 pm
    - December 3, 2010 9-12 pm

The SSC and SAC meetings will all be broadcast live through the internet.

Meeting Topics

- Populations- September
- Services- October
- Quality- November
- Model and Rates- December

Committee Questions/Concerns/Key Discussion Points

- If duals, children with special services, and American Indians cannot be required to enroll in managed care without a waiver from the federal government, can that be done by the timeframes set? Should they be included in Phase III due to the timeframe?
- What is the cost savings advantage of including the duals in managed care if there is a home grown managed care program in place? Is the advantage primarily one of quality?
- Will individuals with brain injuries be carved out or included in managed care?
- Coordination of Care is a key area that managed care needs to improve upon but due to complexities may need to focus on in Phase III
- Getting a referral to a specialist from a PCP can take too long and communication among providers and patients should be a focus for managed care
- We need to look at the connection of other services such as vocational rehabilitation to MaineCare for coordination of care
- We need to work on the transition of children who are receiving behavioral health services to adults who are receiving mental health services
- We need to think about school-based services and how they fit into managed care
- When will we see a comparative analysis of fee for service to managed care from the Actuaries?
- Concerns were raised regarding the low per member cost average for the Breast and Cervical Health Program. After subsequent review, it was determined that date provided

only represented the screening costs, as these members become full MaineCare eligible once a diagnosis is confirmed. Those costs would be represented in a variety of eligibility categories.

- If APS or Schaller is already reducing spending, will the rates be lower based on that cost savings?
- Many children with behavioral health issues and developmental disabilities are under APS. /what will happen to APS?
- How are the rates for the individual services set by the contractor?
- How do we enter innovative contracts with providers and not replicate fee for service?
- There is a big disparity with hospital rates and PCP rates for the same services, how will that be dealt with in the new system?
- Are there ways to mitigate risk to the vendors so they do not lose too much? Would a risk-adjusted system where we adjust rates for particular conditions/characteristics of the person (diagnosis or expenditures) alleviate some of the risk?
- Can members on a waiver still be enrolled in managed care?
- How do we identify individuals that may have special healthcare needs? With diagnosis or services received?
- How will it work if a family with a child is enrolled in managed care with Phase I and then identified later as having special healthcare needs? Can they opt in/out? Would diagnosis really be a good indicator?
- Will a good rate incentive program keep individuals with special healthcare needs from being disenrolled in managed care when the ACO/MCO picks up the diagnosis?
- If there is a change in the family situation so they are no longer mandatory for managed care will the family be able to choose to disenroll or will it be automatic? If the individual or family is still receiving MaineCare but just not managed care will they see a difference in services provided?
- Are all services covered by MaineCare under managed care?
- Are we enrolling entire families or individuals?
- Will there be a change in eligibility criteria with the change to managed care?
- How do we hear the voices of those that do not have MaineCare such as the young homeless that are aged out of care that are not invited to attend listening sessions?
- How does managed care relate to other quality initiatives such as CHIPRA, the Autism State Implementation Grant, Health Reform, Medical Home, etc?
- Can we see a complete list of criteria for choosing populations to be included in the first phase?

SAC Recommendations to the DMC

- Richard Chaucer, Julia Bell and Elaine Ecker all volunteered to represent the SAC at the Design Management Committee meetings and provide the SAC's official recommendations to that committee for consideration.

- We need a list of criteria for enrolling populations in Phase I
- Duals, due to complexity and health reform, should be in Phase III
- Individuals on the Home and Community Based Waiver should be in Phase III due to complexity
- Children with special needs should be in phase II as they may be hard to identify (SSC)
- If we could split up services (ex: behavioral health services from medical services) then children with special needs should be voluntary in phase I, if not they should be excluded (SSC)
- Older adults should not be in phase I as more time is needed to segment the eligibility groups for enrollment (SSC)
- Discuss issue of homelessness- How do we make sure they are thought about when they could be under any eligibility category? How do we identify them? There may be additional barriers to quality healthcare. They cannot get services without an address or way to get mail, have to be in a shelter to get emergency housing, transportation and other resources are issues (MSC)
- Services still need to be available regardless of what phase a member is required to enroll in (have available as fee for service) (MSC)
- Do we have time to get managed care issues worked out in time for the Phase I on January 2012? (MSC)